

**EXHIBIT III-F
QUARTERLY FINANCIAL STATUS REPORT**

1. MAIL 1 COPY SIGNED IN ORIGINAL TO Colorado Division of Housing: 1313 Sherman Street, Room 518 Denver, CO 80203	QUARTERLY FINANCIAL STATUS REPORT <u>NEIGHBORHOOD STABILIZATION PROGRAM</u>				2. RECIPIENT ORGANIZATION (Name and Address)		
3. CONTRACT ENCUMBRANCE NUMBER: C_____	4. BASIS OF ACCOUNTING: () CASH () ACCRUAL				5. FINAL REPORT: () YES () NO PROGRAM INCOME TRACKING: () YES () NO		
6. PROJECT GRANT PERIOD: FROM (M/D/Y) TO (M/D/Y)					7. PERIOD COVERED BY THIS REPORT FROM (M/D/Y) TO (M/D/Y)		
8. EXPENDITURE CATEGORIES	NSP Admin	NSP -	NSP -	NSP -	NSP - T		
a) Net expenditures previously reported	\$	\$	\$	\$	\$	\$	\$
b) Expenditures this quarter							
c) Net expenditures to date (line a+b)							
d) Unliquidated obligations							
e) Total Expenditures and Unliquidated Obligations (line c+d)							
f) Total NSP funds on Contract (per budget in Scope of Services)							
g) Unobligated balance of CDBG funds (line f-e)							
9 PROGRAM INCOME Cumulative PI all previous quarters \$_____ TOTAL PI [9. + 9.d] \$_____							
a) From Sales Transactions this quarter							
b) From Rental Operation this quarter							
c) Other PI this quarter							
d) TOTAL this quarter [9. a)+b)+c)]							
10. <u>CERTIFICATION</u> I certify to the best of my knowledge and belief the data above is correct and all expenditures were made in accordance with the grant/contract agreements.	<u>SIGNATURE OF AUTHORIZED OFFICIAL</u>					DATE REPORT SUBMITTED	
	NAME AND TITLE (Print or type)					TELEPHONE NUMBER CDOH/02/22/09	

EXHIBIT III-F (Cont.)

III-F-1

SAMPLE

1. MAIL 2 COPIES SIGNED IN ORIGINAL TO:	QUARTERLY FINANCIAL STATUS REPORT Neighborhood Stabilization Program			2. RECIPIENT ORGANIZATION (Name and Address) Fun County P.O. Box 9999 Fun City, CO 88888			
3. CONTRACT ENCUMBRANCE NUMBER:	4. BASIS OF ACCOUNTING: (X) CASH () ACCUAL			5. FINAL REPORT: () YES () NO PROGRAM INCOME TRACKING: (X) YES () NO			
6. PROJECT GRANT PERIOD: FROM (M/D/Y) 04/01/09 TO (M/D/Y) 06/30/09				7. PERIOD COVERED BY THIS REPORT FROM (M/D/Y) 04/01/95 TO (M/D/Y) 06/30/95			
8. EXPENDITURE CATEGORIES	NSP Admin	NSP B	NSP-		TOTAL NSP	Leverage	extra
a) Net expenditures previously reported	\$1,100	\$475,000			\$476,100		
b) Expenditures this quarter	\$625	\$628,050			\$628,675		
c) Net expenditures to date (line a+b)	\$1,725	\$1,103,050			\$1,104,775		
d) Unliquidated obligations	\$150	\$0			\$150		
e) Total Expenditures and Unliquidated Obligations (line c+d)	\$1,875	\$1,103,050			\$1,104,925		
f) Total NSP funds on Contract (per budget in Scope of Services)	\$3,150	\$2,200,000			\$2,203,150		
g) Unobligated balance of CDBG funds (line f-e)	\$1,275	\$1,096,950			\$1,098,225		
9. PROGRAM INCOME Cumulative PI all previous quarters \$ <u>755,100</u> TOTAL PI [9. + 9.d] \$ <u>1,180,400</u>							
a) From Sales Transactions this quarter	\$400,200						
b) From Rental Operation this quarter	25,100						
c) Other PI this quarter	\$0						
d) TOTAL this quarter [9. a)+b)+c)]	\$425,300						
10. <u>CERTIFICATION</u> I certify to the best of my knowledge and belief the data above is correct and all expenditures were made in accordance with the grant/contract agreements.		<u>SIGNATURE OF AUTHORIZED OFFICIAL</u>				DATE REPORT SUBMITTED	
		NAME AND TITLE (Print or type)				TELEPHONE NUMBER	
						CDOH-02/22/09	